



# Adjustment plan for volunteers – general

**Being inclusive is one of our core values at Girlguiding. An adjustment plan is a practical tool to help remove barriers by identifying and recording adjustments. So all our volunteers can get the most out of their guiding experience.**

Before completing the adjustment plan, please read through our guidance on [making adjustments](#).

Work together with your unit team and support/carers (if relevant) to complete this form. Please answer all the questions relevant to you.

Before any trips or events, please complete the [events adjustment plan](#).

Name of volunteer:	
Membership number:	Date completed:
What roles do you have at Girlguiding? (Please use this section to describe each role you hold.)	

## Section 1: About you

1. How would you describe your disability, physical, mental health, long-term condition or additional need?

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2. What impact do you think your disability, physical, mental health, long-term condition or additional need may have on your role as a Girlguiding volunteer?

Remember to think about the impact on different areas of your role, for example:

- Giving instructions and following them
- Planning and leading activities
- Safeguarding
- Communicating with others
- An impact on general wellbeing

3. How do you like to communicate?

4. If relevant, what can affect your senses?

5. If relevant, are there any barriers to participate in group activities?

6. If relevant, what can affect your movement and/or mobility?

## Section 2: Managing your disability, physical, mental health, long-term condition or additional need

1. Do you use any equipment? Do you need help with using and managing your equipment?

2. If relevant, what medication do you take? (Please include dosage and frequency.)

Medication name	Dosage	Frequency

3. Who can administer/use this medication, and is specialist training needed?

4. Where should your medication/equipment be kept when you're at unit meetings and on trips?

5. Do you have any support needs for; toileting, eating and drinking, or hand washing, that we need to be aware of for weekly meetings?

6. What changes might other volunteers need to make for unit events, trips or visits, including residential events?

Use this section to tell us about any support you need with:

- Sleep and bedtime
- Eating and drinking
- Washing and bathing
- Toileting
- Dressing and undressing

7. Is there anything else that you or your support/carer would like to share about how to best support you with your disability, physical, mental health, long-term health condition, or additional need?

## Section 3: Early warning signs and triggers

**A trigger refers to something that may bring on, worsen or affect a condition.**

1. How can other volunteers recognise if you aren't ok (eg something has made you feel uncomfortable, you don't feel like you can take part or you're feeling unwell)?

2. Are there any situations that might be a trigger for you?

3. Would you be able to let other volunteers know? If so, how would you prefer to do this?

4. What support or adjustments could other volunteers give you that might help to minimise triggers or manage the impact?

## Section 4: Crisis plan

**A crisis plan helps us understand when you might need help to keep safe. We will use this information to support you in a crisis.**

1. What might a crisis look like for you?

2. How would other volunteers recognise that this is happening?

3. If possible, how might you let another volunteer know?

4. What would other leaders need to do in a crisis to help support you? (Such as call an emergency contact, call a medical professional, or help keep you calm.)

**Emergency contact information (optional):**

Please let us know your emergency contact information, we'll use this if we're concerned about you and need to contact someone.

Name:	
Relationship to you:	Contact number:

5) If relevant, what are your emergency medication needs? Please include dosage and how to administer this (if applicable).

Medication	Dosage	How to administer	Who can administer

6) Is there anything else you or your support/carer would like to share?

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## Section 5: Making adjustments

Based on the information shared in this adjustment plan, please list the adjustments identified and agreed upon to support the volunteer.

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How often will you review and update this plan to check it's working well?

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Next review date:

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Please note that you'll need to complete a new adjustment plan when moving between units or segments.

## Section 6: Sign off

**Volunteer and parent/carer (if volunteer is under 18 – or under 16 in Scotland):**

By signing, I agree:

- The information given on this form is accurate, to the best of my knowledge, at the time of writing.
- I'm comfortable with the adjustments agreed in this plan and I'm comfortable for Girlguiding volunteers to make the adjustments agreed.
- Girlguiding HQ may be contacted for further support about the adjustments agreed in this plan.

Signature of volunteer:

Signature of parent/carer (if volunteer is under 18 – or under 16 in Scotland):

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Date:

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## Person making adjustments eg, unit leader/first aider/commissioner:

By signing, I agree:

- The information given on this form is accurate, to the best of my knowledge, at the time of writing.
- I'm comfortable with the adjustments agreed in this plan.
- I agree to follow this plan as best as I can, and will seek further support if I need it.

Name and role of person who will be making the adjustments agreed in this plan:	
Signature:	Date:

Please follow our [managing information procedure](#) to make sure any personal data on this form is managed safely and legally.

If you need more support, please get in touch with your division commissioner or contact our volunteer support team at HQ by email: [volunteersupport@girlguiding.org.uk](mailto:volunteersupport@girlguiding.org.uk)